

**Department of Children and Families  
Medication Administration Program  
Registration Instructions**

To All Facility Directors and Endorsed Instructors:

Below is an example of a completed registration form with important information about specific sections of the form. Correct completion of the form allows for immediate confirmation of your registration as well as accurate information for our database.

Please feel free to call our program if you have any difficulty.

Thank you for your continued support!

**Important:**  
Registration  
**only**  
accepted if  
filled out by  
Facility  
Director or  
designee

DCF CONNECTICUT DEPARTMENT OF CHILDREN & FAMILIES

\*May only be filled out by supervisor recommending employee to participate in the medication administration training program.

**Medication Certification Course and Exam Registration Form**  
\* Indicates a required field

**Student/Employee Information**

\*First Name: \_\_\_\_\_  
\*Last Name: \_\_\_\_\_  
\*Facility/Agency Name: \_\_\_\_\_  
\*Program Name (N/A if not applicable): \_\_\_\_\_  
\*Program Phone: \_\_\_\_\_

**Facility Director or Designee recommending employee for training**

\*Director's Name: \_\_\_\_\_  
\*Director's Email: \_\_\_\_\_  
\*Director's Phone: \_\_\_\_\_

**DCF Class and Exam Only Registration**  
\*Please choose one from the list and then enter additional data below

☐ DCF Basic Medication Certification Class  
☐ Basic Exam Only - Completed required 24 hr approved Basic Medication Course  
☐ Basic Exam Only - Self Study following Expired Certification  
☐ Basic Exam Only - Retest after failing Basic Exam  
☐ Basic Exam Only - Self Study following failed recertification Exam  
☐ DCF Recertification Class and Exam - Employee currently certified  
☐ Recertification Exam Only - Employee currently certified

\*Recertification Expired Date: \_\_\_\_\_ (mm/dd/yyyy) or (N/A if not applicable)

**Class Information**

\*Class or Exam Location: \_\_\_\_\_  
\*Endorsed Instructor: \_\_\_\_\_

Error on page. Internet 75%

**For example:**  
Facility/Agency: **Sunshine Agency**  
Program Name: **Rainbow Group Home**

Confirmation will be sent to this e-mail address. **Must** be e-mail of director recommending employee for training

**Department of Children and Families  
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The screenshot shows a web-based registration form for the Department of Children and Families Medication Administration Program. At the top, there is a list of radio button options for selecting the type of exam or class. Below this is a field for the recertification expired date. A horizontal line separates this section from the 'Class Information' section. The 'Class Information' section contains fields for the class or exam location, endorsed instructor, class or exam date, class or exam time, and special accommodations. There are two callout boxes with arrows pointing to specific fields: one points to the 'Recertification Expired Date' field, and the other points to the 'Class or Exam Time' field. At the bottom of the form are 'Submit' and 'Cancel' buttons. The browser's address bar and taskbar are visible at the very bottom of the screenshot.

☐ DCF Basic Medication Certification Class

☐ Basic Exam Only - Completed required 24 hr approved Basic Medication Course

☐ Basic Exam Only - Self Study following Expired Certification

☐ Basic Exam Only - Retest after failing Basic Exam

☐ Basic Exam Only - Self Study following failed recertification Exam

☐ DCF Recertification Class and Exam - Employee currently certified

☐ Recertification Exam Only - Employee currently certified

\*Recertification Expired Date:  (mm/dd/yyyy) or ( N/A if not applicable)

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Class Information

\*Class or Exam Location:  \*Required Field

\*Endorsed Instructor:  (N/A if not applicable)

\*Class or Exam Date:  (example: mm/dd/yyyy)

\*Class or Exam Time:  (example: 9:00)

Special Accommodations:

This field must include recertification date for all recertification exams, *and* for basic exams following expired or failed recertification.

**Examples of date:** 3/23/2013 or 10/10/2013

Registration will not go thru if the dates and times are not entered correctly.

**Examples:**

2/28/2013  
10/10/2013  
9:00am  
12:00pm  
1:00pm

**Department of Children and Families  
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**CONGRATULATIONS!**  
**You have successfully submitted your registration and will receive an email confirmation.**

**For those who registered for a DCF Basic Medication Administration Administration Classes:** Receipt of the registration by DCF Medication Certification Program is confirmed. The student is NOT considered enrolled in the class until identified contact/supervisor is notified by the endorsed instructor. The employee will either be accepted into the class or put on a wait list. Notification from the endorsed instructor will be sent two weeks before the first day of class to the identified contact/supervisor.

**For those who registered for a Recertification Review and Exam:** Receipt of the registration by DCF medication certification program is confirmed and the person is registered for the Recert Review and Exam. There is no cap on the Recert Review Class therefore, if you have received this confirmation then the employee is considered registered.

**For those who registered for an Open Exam:** Receipt of the registration by DCF medication certification program is confirmed and the person is registered for the open exam. If you have received this confirmation then the employee is considered registered.

**Helpful Links:**

- [Recertification Study Guide](#)
- [Directions](#)
- [DCF Medication Administration Training](#)

If you have any questions, concerns or are unable to attend after registering online,  
please contact the Medication Administration Program.

[Return to Registration Form](#)

This will appear when you hit **"Submit"**

Page contains links to webpage resources

**Below is an example of what you will receive as confirmation of class/exam registration - Make sure e-mail address is correct**

**Return to registration form if you are registering multiple employees**

You have successfully submitted your registration. Below is a confirmation of the class/exam, date and time in which your employee is registered. Please contact our office if this information is not accurate. Additional information on the classes/exams can be found on the DCF Medication Administration Webpage.

Thank you,  
DCF Medication Administration Program Staff

Director's Name: Jane Smith

Class: Basic Exam Only - Self Study following failed recertification Exam

Date: 2/28/2013

Time: 9:00am

Employee Name: John Medication